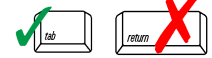




**Massachusetts Department of Environmental Protection
Bureau of Air & Waste - Solid Waste Program**

BWP SW 49 - Certification for Transfer of a Permit
Pursuant to 310 CMR 19.044

Important: When completing this form on a computer, use only the Tab key to move your cursor – not the Return key.



INSTRUCTIONS

1. This certification is for transferring a valid solid waste management facility permit from the previous owner (Transferor) to the new owner (Transferee).
2. This certification must be completed by the Responsible Official for the new owner (Transferee). As defined in 310 CMR 19.006, a Responsible Official is "an individual who is duly authorized to bind the entity (e.g., but not limited to, a corporation, limited liability company, partnership, public entity, sole proprietorship or trust) which is subject to 310 CMR 19.000."
3. The Responsible Official should make and keep a signed copy of this completed certification for recordkeeping purposes.
4. Be sure to obtain the most recent version of this form at: <http://www.mass.gov/eea/agencies/massdep/recycle/solid/>
5. MassDEP will accept the submitted form only if all applicable sections are completed.

Remember that it is the responsibility of the new owner (Transferee) to maintain the facility in compliance with environmental protection requirements at all times. You may be subject to enforcement action if you do not comply with the standards.

A. Facility Information

Type of Facility:

- ☐ Landfill ☐ Combustion Facility ☐ Handling Facility
☐ Transfer Station ☐ C&D Waste Transfer/Processing ☐ Other – Specify: _____

Facility Name Before Transfer _____ Facility Name After Transfer _____
Address _____
City/Town _____ MA State _____ ZIP Code _____ Telephone Number _____
Regulated Object Account Number _____ FMF Number _____

B. Transferor (Previous) Responsible Official*

Responsible Official Name _____ Responsible Official Title _____
Organization Name _____
Address _____
City/Town _____ State _____ ZIP Code _____
Email Address _____ Telephone Number _____

C. Transferee (New) Responsible Official*

Responsible Official Name _____ Responsible Official Title _____
Organization Name _____
Address _____
City/Town _____ State _____ ZIP Code _____
Email Address _____ Telephone Number _____

Complete and Return the original signed copy to the appropriate MassDEP Regional Office, Solid Waste Program.

Find Your MassDEP Region:
<http://www.mass.gov/eea/agencies/massdep/about/contacts/>

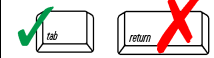
If you have questions, please contact the regional solid waste section chief.



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D. Transferee (New) Owner & Operator Information

New Owner Name _____ Organization Name _____

Facility's New "Doing Business As" Name _____

Address _____

City/Town _____ State _____ ZIP Code _____

Email Address _____ Telephone Number _____

Type of Property Ownership (check appropriate boxes):

☐ **Private Ownership:** ☐ Corporation ☐ Limited Liability Corp. ☐ Partnership ☐ Sole Proprietor ☐ Trust ☐ Other – Specify: _____

☐ **Public Ownership:** ☐ Municipal ☐ State ☐ Federal ☐ Tribal ☐ Other – Specify: _____

New Operator Name _____ Organization Name _____

Address _____

City/Town _____ State _____ ZIP Code _____

Email Address _____ Telephone Number _____

F. Transfer Details

1. Effective Date of the Permit Transfer: _____
Date (MM/DD/YYYY)

2. Have you filed notice that the facility is operating in the registry of deeds, or if the site is registered land, in the registry section of the land court for the district wherein the land lies in accordance with 310 CMR 19.044? ☐ Yes ☐ No

Important: This notice shall be incorporated in full or by reference into all future deeds and any other instrument of transfer, which conveys an interest in and/or a right to use the land on which the facility, or a portion thereof, is located.

3. Does the Transferee (new permit holder) agree to be responsible to correct any and all conditions at the site or facility which result in a threat to public health, safety or the environment or constitute violations of the site assignment, laws, regulations or conditions of the permit, approvals, or authorizations existing at the time of the transfer? ☐ Yes ☐ No

Important: A transfer of a permit does not relieve previous owners of liability for the site under M.G.L. c. 21E or c. 21H.

4. If the facility is required to maintain financial assurance, has the Transferee (new permit holder) obtained financial assurance as required pursuant to 310 CMR 19.051? ☐ Yes ☐ No ☐ N/A

Note: Please attach a copy of the appropriate financial assurance documents, if applicable.

IMPORTANT: If you check "No" in answer to any of the questions above, MassDEP will not consider the facility permit transferred in accordance with the regulatory requirements of 310 CMR 19.044.

Complete and Return the original signed copy to the appropriate MassDEP Regional Office, Solid Waste Program.

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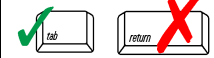
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G. Certification

"I attest under the pains and penalties of perjury that:

1. I am duly authorized to bind the entity (corporation, limited liability corporation, public entity, trust, partnership or sole proprietorship, etc.) which is subject to these regulations and that I am fully authorized to make this attestation on behalf of this entity;
2. I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
3. based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is to the best of my knowledge, true, accurate, and complete;
4. procedures and plans to maintain compliance are in place at the operation and will be maintained even if processes or operating procedures are changed; and
5. I am aware that there are significant penalties, including, but not limited to, possible administrative and civil penalties, fines and imprisonment, for submitting false, inaccurate, or incomplete information."

Signature of Transferee (New) Responsible Official

Print Name of Transferee (New) Responsible Official

Date (MM/DD/YYYY)

Complete and Return the original signed copy to the appropriate MassDEP Regional Office, Solid Waste Program.

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If you have questions, please contact the regional solid waste section chief.